MENTAL HEALTH SERVICES OF CATAWBA COUNTY

MCO TEST SYS
Friday, May 05, 2006
cmhc test

LME REQUEST FOR AUTHORIZATION

CASE NUMBER 398943 [?] SOSA SAMMY

Add Request

*Provider must be chosen and Funding Source
entered prior to authorization requests.*

Temporary Limit of 06/30/06 End Date in effect.

Cancel

Start | Unix afterlogin - Microsoft... | MCO TEST SYS - Micros...

Case Number = Select the Client that is in need of an Authorization Request; click on the question mark "?" to see a list of available Client IDs

Click the "Add Request" link to add an Authorization Request for the selected Client.

AUTHORIZATION REQUEST – CLINICAL INFORMATION

Requested By Staff = This field is automatically filled in base on the user login.

Type of Request = select the type of request for this Authorization Request; click on the down arrow to see a selection list

Team School Meeting = did a school meeting occur during the previous authorization period; if this is a new request, did a school meeting occur prior to this request

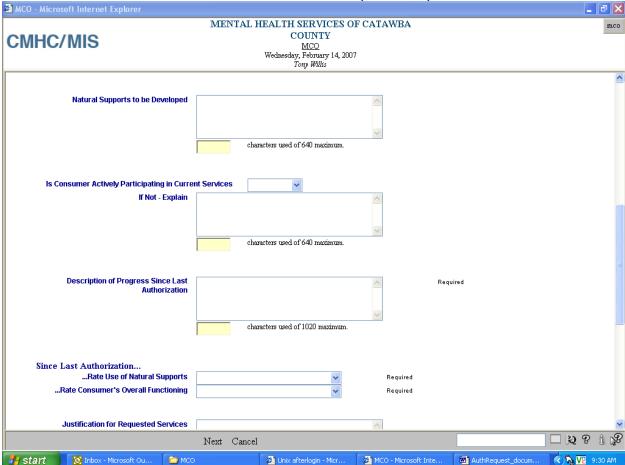**Team Meeting Date** = if a school meeting did occur, enter the date of the meeting

Attendees = if a school meeting did occur, document who attended the meeting and the attendees roles (i.e. Mr. John Smith – school counselor)

Target Pop = select the target pop the client belongs to; click on the down arrow to see a selection list
   If the client belongs to more that one target pop, select one that matches the service
    requested to the State Array of Services Table.
    You can check the Procedure Data – Display, menu option.

NC SNAP (DD Consumers Only) – Composite Score = enter the client's SNAP score (1-5) if applicable

AUTHORIZATION REQUEST – CLINICAL INFORMATION (continued)

SP Strengths and Supports = list the client's strengths and supports he/she already has in place
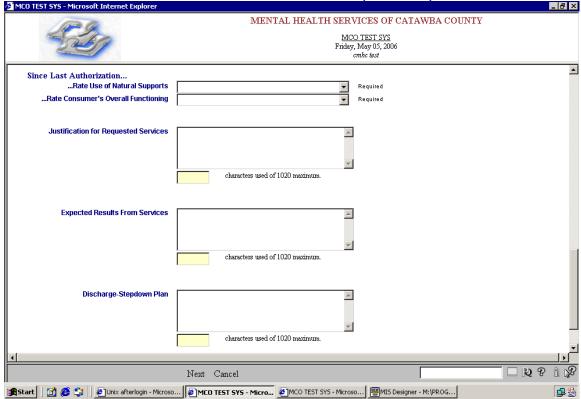
Natural Supports to be Developed = list the supports that need to be developed for the client

Is Consumer Actively Participating in Current Services = Yes or No

If Not – Explain = if the client is not participating in services, explain why he/she is not participating

Description of Progress Since Last Authorization = if this request if for re-authorization, describe the client's progress in all areas

AUTHORIZATION REQUEST – CLINICAL INFORMATION (continued)

Since Last Authorization

      Rate Use of Natural Supports = select the item that most describes how the client uses his/her natural supports; if this is a new request, select "NEW SERVICE REQUEST"; click on the down arrow to see a selection list

      Rate Consumer's Overall Functioning = select the item that most describes the client's overall functioning; click on the down arrow to see a selection list

Justification for Requested Services = describe why the client is in need of the services that are being requested

Expected Results From Services = describe the results that are expected from the services that are being requested

Discharge-Stepdown Plan = describe the client's discharge/stepdown plan

Once all information has been entered, click the "Next" button at the bottom of the screen.
In order to cancel this authorization request, click the "Cancel" button at the bottom of the screen.

REQUEST FOR ENTIRE DATE RANGE

This option allows for an authorization to be requested for an entire date range. To choose this option, select **"Request for Entire Date Range"**.

Provider (required) = **It is best to enter an agency authorization so that any staff can provider the service. The agency number has three letter followed by 001. Example are FNE001, CVB001, CWI001, GWI001 and MAD001. When you authorized to the individual provider you can not allow the client to see another staff without getting another authorization.**

Start Date (required) = the date the authorization should start
Retro Auth are only allow for the 4003UMMH and 4003UMSA for Medicaid clients.

End Date (required) = the date the authorization should end

At this point, click on the **"Refresh Categories"** button to retrieve all of the available service categories. If the Provider field is changed, this button must be clicked each time to refresh the list.
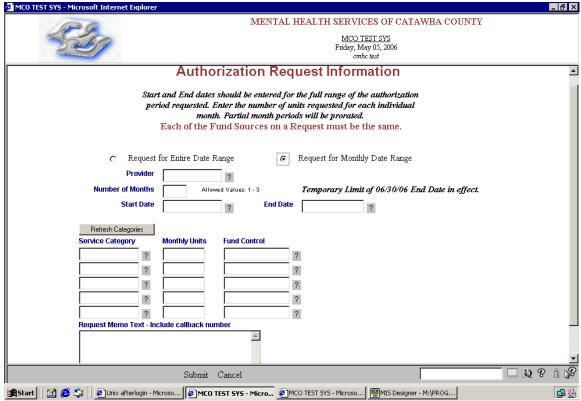
Service Category = select the service category that is being requested; select up to 5 different service categories

Total Units = enter the total number of units for the service category for the entire date range requested

Fund Control = select the client's fund control number; if multiple service categories are entered, the fund control number MUST be the same for each service category; if the fund control number is different, then a new authorization request must be entered.

Request Memo Text – Include callback number = document any other information that has not already been entered that is pertinent to this authorization request

REQUEST FOR MONTHLY DATE RANGE

This option allows for a date range to be broken into monthly authorizations. For example, a request for 5/1/06 – 6/30/06 will be split into 2 separate authorizations, one for 5/1/06 – 5/31/06 and one for 6/1/06 – 6/30/06. To choose this option, select **"Request for Monthly Date Range"**.

Provider (required) = **It is best to enter an agency authorization so that any staff can provider the service. The agency number has three letter followed by 001. Example are FNE001, CVB001, CWI001, GWI001 and MAD001. When you authorized to the individual provider you can not allow the client to see another staff without getting another authorization.**

Number of Months = how many months should the authorization be split into; the script does not check your math, so please be careful you enter the correct number of months based on the start date and end date

Start Date (required) = the date the authorization should start

End Date (required) = the date the authorization should end

At this point, click on the **"Refresh Categories"** button to retrieve all of the available service categories. If the Provider field is changed, this button must be clicked each time to refresh the list.

Service Category = select the service category that is being requested; select up to 5 different service categories. **If the service is in a package in most cases it is better to select a package than the individual service. It give you more flexibility. The outpatient package covers both individual and group. Review the packages and determine what is best.**

Monthly Units = enter the number of units FOR EACH MONTH for the service category requested

Fund Control = select the client's fund control number. **We are in the process of changing the fund control so that we only have 2, 4003 for Medicaid and 4050 for State Fund Clients.**
Although there are more fund controls listed in the drop-down box, you must select 4003 or 4050.

4003 Medicaid Funded Clients
4050 State Funded Clients

Request Memo Text – Include callback number = document any other information that has not already been entered that is pertinent to this authorization request

AUTHORIZATION REQUEST INFORMATION

In order to go back to the Clinical Information screen, click the "Back" button at the bottom of the screen. In order to be able to go back, the fields Provider, Start Date, and End Date must be entered first.

In order to cancel this authorization request, click the "Cancel" button at the bottom of the screen.

Once all data has been entered, click the "Submit" button at the bottom of the screen.
- At this time, a process will run to look at the data that was entered and compare it against data validations.
- If the data fails one of these data validations, the request will be Pended and will be reviewed further.
- If the data passes all validations, then the system performs it's own request processing and will either Approve or Pend the request. If the request is Pended, it will be reviewed further.
- A message will come back that will state whether or not the Auto Authorization process completed. If it did not complete, then the UM department will contact you if additional information is needed.
- If the Auto Authorization process did complete, the message will state whether the request was Pended or Approved.
- If the request was Pended, the message will state the reason why it was pended.